

APPLICATION FOR COAST GUARD TUITION ASSISTANCE

(See Page 2 for Privacy Act Statement and Statement of Agreement/Understanding)

1. Last Name, First Name, MI			2. SSN		3. Rate/Rank		4. Expiration date of enlistment			5. Years of service							
6. Institution (name, full address, including ZIP				School Code		7. Upon completion of this course, will you receive a degree? Yes No											
8. Location of class. Place number in box. 1. On Base 3. Distance Learning 2. Off Base						9. Your immediate educational goal. Place number in box: 1. HS diploma 4. BS 2. VoTech 5. MS 7. Professional degree 3. AA 6. PhD											
10. Eligibility to participate in VA program. Select one only. (Place number in box.) 1. Vietnam Era 3. Montgomery GI Bill 2. VEAP 4. None																	
11. ENROLLMENT INFORMATION																	
				COURSE LEVEL		CREDIT		TUITION COSTS		DATES (YY/MM/DD)							
DEPT.	NO.	COURSE TITLE		DIV		HOURS		PER	PER	START			COMPLETE				
				V	L	U	G	#	S/Q/CLK	HOURLY	COURSE	YEAR	MONTH	DAY	YEAR	MONTH	DAY
12. I request tuition assistance in the amount authorized with the understanding that I will pay all additional costs (additional tuition, fees, books, etc.) incurred over and above the amount authorized. I understand that the USCG share will vary depending on the limits established in COMDTINST 1500.24, Coast Guard Tuition Assistance Program, Sec. 6. I have read, understand and will comply with all the provisions on Page 2 of this application.																	
APPLICANT'S SIGNATURE						WORK PHONE/FAX NUMBER						DATE					
12a. RESERVE MEMBERS ONLY - OPTIONAL DELIVERY REQUEST I authorize the release of information covered under the Privacy Act by the Coast Guard Institute. By my signature, I release the Coast Guard from any responsibility or liability when sending my CGI-1560 via the Internet. I request that my TA authorization form (CGI 1560) be sent to my personal e-mail address.																	
RESERVE APPLICANT SIGNATURE									Date		E-mail Address						
COMMAND CERTIFICATION																	
13. I certify that the applicant is assigned to this activity and that his/her anticipated duties will allow for the completion of the course(s) listed in Block 11 above. I certify that this course is from an accredited institution; the member will earn college credit or accredited clock hours upon completion of the course.																	
Signature of CO, ESO or designee														Date			
Print the following: CO, ESO or Designee's name				E-mail address								Fax number/phone number					
14. COMMAND ADDRESS												14. COMMAND OPFAC No. (00-00000)					